

## New Horizons Fellowship - General Funds Automatic Transfer Authorization

Fidelity Bank

Date: \_\_\_\_\_  
Branch: \_\_\_\_\_  
By: \_\_\_\_\_

This authorization  Adds the debit/credit authorizations describe below.

Deletes

Changes

I(We) hereby authorize The Fidelity Bank to initiate debit/credit entries to the accounts(s) and financial institution(s) indicated below and to reverse original debit/credit entries in the event any entry is rejected for any reason by the receiving financial institution. If this authorization relates to a loan payment. The Fidelity Bank is authorized to initiate charges to the account shown below (Debit From Section) and the depository named below is authorized to debit the account for payment to the loan account indicated in the Credit To section. If this authorization relates to a loan payment amount that varies, The Fidelity Bank will send written notice of the amount and the scheduled date of transfer at least ten days before the scheduled transfer date. If this authorization related to a loan with a standard payment amount, (I.e. a "Consumer" or "Commercial" loan as designated below), the amount of the payment shall be the amount designated in the promissory note or other evidence of indebtedness which is necessary to make the payments due thereunder.

**DEBIT (FROM):**    Checking                       Savings

Account Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

ABA Number: \_\_\_\_\_  
( 9- Digit Number, TFB is always 053103585)

Account No: \_\_\_\_\_

| Amount   | Transfer Date(s)        |                    |
|----------|-------------------------|--------------------|
| \$ _____ | _____                   | _____              |
|          | Day of the Month (1-31) | Weekly (Mon - Fri) |

This form should be initiated at least 15 days prior to the first transfer date.

**CREDIT (TO):**    Checking                       Savings

Account Name: General Funds

Financial Institution Name: The Fidelity Bank

ABA Number: 53103585  
( 9- Digit Number, TFB is always 053103585)

Account No: 1320002209

**Options for Fidelity Bank Accounts only:**

|                                        |                                                          |                |
|----------------------------------------|----------------------------------------------------------|----------------|
| <b>CREDIT (TO):</b>                    | <b>Account Number:</b> _____                             |                |
| Consumer Loan <input type="checkbox"/> | Commercial Loan <input type="checkbox"/>                 | Note No: _____ |
| IRA Account <input type="checkbox"/>   | Equity Reserve Standard Payment <input type="checkbox"/> |                |
|                                        | or                                                       |                |
|                                        | Equity Reserve Fixed Amount of: \$ _____                 |                |

This authorization is to remain in effect until The Fidelity Bank has received written notice of termination and has been provided a reasonable opportunity to take action. The customer has the right to stop payment of a debit entry by notifying The Fidelity Bank prior to entry being posted on the account. If The Fidelity Bank initiates an incorrect debit entry to the customer's account, the customer shall have the right to ask The Fidelity Bank to credit the amount of that entry to the account. To obtain proper credit to the account, the customer shall fulfill the following conditions: Notify The Fidelity Bank in writing of the incorrect entry within 15 calendar days following the date the customer receives the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Signature of Account Owner

Tax Identification Number of  
of Account Owner

Signature of Account  
Co -Owner Required if Joint Account